

# Clinical Data Registry Reporting for Eligible Professionals

## Vermont Providers

### Public Health Objective Documentation Aid Program Year 2020, MU Stage 3: Objective 8 Option 5A and Option 5B

- For the purpose of Stage 3 Meaningful Use, Clinical Data Registries are “*administered by, or on behalf of, non-public health agency entities.*”
- **The VDH Immunization Registry is not counted as a Clinical Data Registry.**
- Clinical Data Registries may be sponsored or maintained by national or medical societies, patient safety organizations, or quality improvement organizations.
- An Eligible Professional (EP) may report to more than one Clinical Data Registry, and may count Clinical Data Registry reporting more than once to meet the Public Health Objective. MAPIR has two screens for Clinical Data Registry reporting:
  - Objective 8 Option 5A, and
  - Objective 8 Option 5B.
- If an EP takes an exclusion and answers ‘**No**’ to Option 5A, no data entry will be allowed for Option 5B.
- If a Vermont EP attests to Active Engagement for Option 5A, they may be required to select Option 5B and attest to Active Engagement with an additional Clinical Data Registry, or exclude from an additional Clinical Data Registry reporting requirement.
- **A provider may be a member of more than one organization that has a Clinical Data Registry. It is the provider’s responsibility to check with any national societies or medical organizations with which they are affiliated to determine if the society endorses or sponsors a registry. This must be assessed no later than the first day of the provider’s EHR reporting period.**
- If an EP achieved [Active Engagement Production](#) status in PY2018 by sending non-HL7 file format data, they can continue sending this file format, as long as the file was generated by their 2015 Edition CEHRT.
- If an EP did not achieve Active Engagement Production status in 2018, then all engagement options (Registration, Testing/Validation, and Production) must be for HL7 file format generated from their 2015 Edition CEHRT.

**2020 Update:** The Blueprint Clinical Data Registry was permanently closed on 12/31/2019 and no longer serves as an active registry for MU. **EPs must still evaluate their participation in two clinical data registries.**

**Please Note:** The terms “*EHR Reporting Period*,” “*MU Reporting Period*”, and “*Promoting Interoperability (PI) Reporting Period*” all refer to the continuous 90-day period within the Program Year in which an Eligible Professional demonstrates Meaningful Use of certified EHR technology.

#### Instructions:

1. This form may be used for multiple attesting Vermont EPs, if the supporting documentation applies to more than one provider at a practice location. **Please Note:** EPs within the same practice may belong to different organizations, and therefore it is important to assess each provider’s affiliations individually.
2. List the provider names, NPIs and the 2020 EHR/MU Reporting Periods on Page 3.
3. Indicate on Page 3 whether or not the Vermont providers:
  - a. Are in *Active Engagement* with a Clinical Data Registry, **or**
  - b. Qualified for an *Exclusion*.

4. Describe the Active Engagement supporting documentation for 2020 EHR/MU Reporting Period on Page 3.
5. Utilize Page 7 for supporting documentation statements from Vermont providers taking an exclusion. **All exclusions require a provider's signature.**

**Screenshot from MAPIR: Objective 8 Option 5A – Clinical Data Registry Reporting**

[Objective 8 Option 1](#) ✓

[Objective 8 Option 2](#) ✓

[Objective 8 Option 3](#) ✓

[Objective 8 Option 4A](#) ✓

[Objective 8 Option 4B](#) ✓

[Objective 8 Option 5A](#) ✓

[Objective 8 Option 5B](#) ✓

**Objective 8 Option 5A – Clinical Data Registry Reporting**

[Click HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

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**(\*) Red asterisk indicates a required field.**

Objective: The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.

**\*Does this option apply to you?**  
 Yes  No

If 'Yes', enter the name of the clinical data registry used below.

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data  
 Testing and validation  
 Production

**EXCLUSION:** If Option 5 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

| Eligible Professional Name(s) | NPI | 2020 EHR/MU Reporting Period Dates | 5A: Clinical Data Registry Active Engagement or Exclusion? |
|-------------------------------|-----|------------------------------------|--|
|                               |     |                                    |  |
|                               |     |                                    |  |
|                               |     |                                    |  |
|                               |     |                                    |  |
|                               |     |                                    |  |

Use Page 7 to list more providers, if needed.

## Attesting to Active Engagement for Option 5A

| 5A Active Engagement Option   | Description of Supporting Documentation   |
|---|---|
| 1. Completed registration to submit data  | (Examples: Registration form, communications from registry acknowledging registration or confirming good standing for PY2020 EHR/MU Reporting Period.)  |
| 2. Testing and validation   | (Examples: Dated letter, email or screenshot from the registry acknowledging testing. If Test Date is before 2020, include description of ongoing testing during 2019 EHR/MU Reporting Period.) |
| 3. Production   | (Examples: Dated record of the transmission/transaction log, letter or email from the registry acknowledging submission of production data during 2020 EHR/MU Reporting Period.)                |
| <p><b>Upload</b> the documentation to the provider attestation(s) in MAPIR or <b>email</b> it to <a href="mailto:ahs.dvhaEHRIP@vermont.gov">ahs.dvhaEHRIP@vermont.gov</a></p> |   |

## Taking an Exclusion for Option 5A

| 5A Exclusion Option   | 5A Description of Suggested Supporting Documentation   |
|---|--|
| 1. Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.   | <p><b>Sample supporting documentation statements (use page 7 to submit):</b></p> <p>“I do not belong to any medical/specialty societies.”</p> <p><b>Include signature and EHR/MU Reporting Period.</b></p>   |
| 2. Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period. | <p><b>Sample supporting documentation statements (use page 7 to submit):</b></p> <p>“The medical/specialty society or societies I belong to was/were not capable of accepting data at the start of my EHR reporting period.”</p> <p><b>List medical and specialty society memberships as of the beginning of the EHR/MU Reporting Period, include signature and EHR/MU Reporting Period.</b></p>   |
| 3. Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of six months prior to the start of the EHR reporting period.                          | <p><b>Sample supporting documentation statements (use page 7 to submit):</b></p> <p>“The medical/specialty society or societies I belong to has/have not declared readiness to receive electronic registry transactions as of six months prior to the start of my EHR reporting period.”</p> <p><b>List medical and specialty Society memberships as of the beginning of the EHR/MU Reporting Period, include signature and EHR/MU Reporting Period.</b></p> |
| <p><b>Upload</b> the documentation to the provider attestation(s) in MAPIR or <b>email</b> it to <a href="mailto:ahs.dvhaEHRIP@vermont.gov">ahs.dvhaEHRIP@vermont.gov</a></p>   |  |

## Objective 8 Option 5B

- MAPIR is configured to allow attestation for **two** Clinical Data Registries. Therefore, EPs have the ability to select Option 5A and Option 5B for this measure.
- If an EP answers ‘**No**’ to Option 5A, no data entry will be allowed for Option 5B.
- Per the screenshot below, EPs excluding to Option 5A should leave the checkbox blank for Objective 8 Option 5B on the *Required Public Health Objective List Table*.

Screenshot from MAPIR: MU Stage 3 Required Public Health Objective List Table

| Required Public Health Objective List Table |   |   |                                     |
|---|---|---|-------------------------------------|
| Objective Number                            | Objective   | Measure   | Select                              |
| Objective 8 Option 5A                       | The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice. | Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry. | <input checked="" type="checkbox"/> |
| Objective 8 Option 5B                       | The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice. | Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry. | <input type="checkbox"/>            |

EPs who took an Exclusion to Option 5A should leave the Option 5B Check Box Blank

**Screenshot from MAPIR: Objective 8 Option 5B – Clinical Data Registry Reporting**

[Objective 8 Option 1](#) ✓

[Objective 8 Option 2](#) ✓

[Objective 8 Option 3](#) ✓

[Objective 8 Option 4A](#) ✓

[Objective 8 Option 4B](#) ✓

[Objective 8 Option 5A](#) ✓

[Objective 8 Option 5B](#) ✓

**Objective 8 Option 5B – Clinical Data Registry Reporting**

[Click HERE](#) to review CMS Guidelines for this measure.

*Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.*

**(\*) Red asterisk indicates a required field.**

Objective: The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.

\*Does this option apply to you?  
 Yes  No

If 'Yes', enter the name of the clinical data registry used below.

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data  
 Testing and validation  
 Production

**EXCLUSION:** If Option 5 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

| Eligible Professional Name(s) | NPI | 2020 EHR/MU Reporting Period Dates | 5B: Clinical Data Registry Active Engagement or Exclusion? |
|-------------------------------|-----|------------------------------------|--|
|                               |     |                                    |  |
|                               |     |                                    |  |
|                               |     |                                    |  |
|                               |     |                                    |  |
|                               |     |                                    |  |

*Use Page 7 to list more providers, if needed.*

## Attesting to Active Engagement for Option 5B

| 5B Active Engagement Option   | 5B Description of Supporting Documentation  |
|---|---|
| 1. Completed registration to submit data  | (Examples: Registration form, communications from registry acknowledging registration or confirming good standing for PY2020 EHR/MU Reporting Period.)  |
| 2. Testing and validation   | (Examples: Dated letter, email or screenshot from the registry acknowledging testing. If Test Date is before 2020, include description of ongoing testing during 2019 EHR/MU Reporting Period.) |
| 3. Production   | (Examples: Dated record of the transmission/transaction log, letter or email from the registry acknowledging submission of production data during 2020 EHR/MU Reporting Period.)                |
| <p><b>Upload</b> the documentation to the provider attestation(s) in MAPIR or <b>email</b> it to <a href="mailto:ahs.dvhaEHRIP@vermont.gov">ahs.dvhaEHRIP@vermont.gov</a></p> |   |

## Taking an Exclusion 5B

| 5B Exclusion Option   | 5B Description of Suggested Supporting Documentation  |
|---|---|
| 1. Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.   | <p><b>Sample supporting documentation statements (use page 7 to submit):</b></p> <p>“Other than the one attested to in Option 5A, I do not belong to any medical/specialty societies.”</p> <p><b>Include signature and EHR/MU Reporting Period.</b></p>   |
| 2. Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period. | <p><b>Sample supporting documentation statements (use page 7 to submit):</b></p> <p>“Other than the one attested to in Option 5A, the medical/specialty society or societies I belong to was/were not capable of accepting data at the start of my EHR reporting period.”</p> <p><b>List medical and specialty society memberships as of the beginning of the EHR/MU Reporting Period, include signature and EHR/MU Reporting Period.</b></p>   |
| 3. Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of six months prior to the start of the EHR reporting period.                          | <p><b>Sample supporting documentation statements (use page 7 to submit):</b></p> <p>“Other than the one attested to in Option 5A, the medical/specialty society or societies I belong to has/have not declared readiness to receive electronic registry transactions as of six months prior to the start of my EHR reporting period.”</p> <p><b>List medical and specialty Society memberships as of the beginning of the EHR/MU Reporting Period, include signature and EHR/MU Reporting Period.</b></p> |
| <p><b>Upload</b> the documentation to the provider attestation(s) in MAPIR or <b>email</b> it to <a href="mailto:ahs.dvhaEHRIP@vermont.gov">ahs.dvhaEHRIP@vermont.gov</a></p>   |   |

**Use the space below to list additional providers and/or to submit provider exclusion statements and signatures.**